

CLAIMS ONLY							Application Number <i>09/685601</i>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total	4							
Indep	4							
Total	21							
Depend	21							
Total	31							
Claims	31							